The Economic Harms of Restricting Reproductive Freedom

Prepared Testimony of
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Chairman Whitehouse, Ranking Member Grassley, and Members of the Committee, thank you for the opportunity to testify today.

My name is Caitlin Myers, and I am the John G. McCullough Professor of Economics at Middlebury College. As a labor economist, I study the causal effects of contraception and abortion access on demographic, health, and economic outcomes. I am not here as an activist. I am here as a scientist presenting facts and evidence on how reproductive policy is also fundamentally economic policy.

My testimony is based on three basic facts: (1) Women play a critical role in the economic vitality of our families and nation; (2) Motherhood significantly impacts women's participation in the economy; and (3) Access to contraception and abortion significantly impacts women's ability to plan if and when to become mothers.[1]

Women play a critical role in the economic vitality of our families and nation.

To quote Nobel-prize winning economist Claudia Goldin, "women's increased involvement in the economy was the most significant change in labor markets during the past century."[2] Not only did women's labor force participation increase dramatically—to the point that they now make up nearly half of the U.S. labor force[3]—but their horizons also expanded. Beginning in the mid-1960s and continuing into the 1970s, women began to invest in their future careers like no generation prior, increasing their academic test scores, college attendance and graduation rates, furthering

[1] I recognize that not all women are capable of pregnancy, while some trans men, non-binary, and intersex people are. While access to contraception and abortion affects all people capable of pregnancy and their partners, my testimony focuses on women because they account for the vast majority of pregnancies and abortions in the United States and their labor market outcomes are disproportionately affected by parenthood. In addition, the evidence I present relies on data from the U.S. Census Bureau and Bureau of Labor Statistics, which limits respondents to reporting one of two sexes.
[2] Claudia Goldin. 2006. "The Quiet Revolution that Transformed Women's Employment, Education, and Family." *American Economic Review* 96(2): 1-21, p. 1.
[3] U.S. Department of Labor Women's Bureau. *Civilian Labor Force by Sex*. Online data accessed February 2024.

their education in graduate and professional schools, and entering new occupations that had previously been dominated by men.[4]

Women's earnings began to rise in the late 1970s, driven by their enhanced human capital and job experience.[5] The combined increases in women's work hours and wages since the late 1970s prevented middle-class household incomes from stagnating.[6] They also boosted the U.S. economy by about 11%, an amount roughly equal to U.S. combined spending on Social Security, Medicaid, and Medicare.[7]

Motherhood significantly impacts women's participation in the economy.

The decision of whether and when to become a mother is the single largest economic decision many women will make in their lifetimes. Men and women's earnings trend pretty similarly right up until the point of parenthood. But when they become mothers, women's labor force outcome changes dramatically, with employment falling by 25% and earnings by 30% (Figure 1). It is at this point that the gender gap with which we are all familiar really opens up, and it persists[8] even after the kids grow up and leave the home.[9]

Much of this gender gap is explained by the challenges women face balancing work and motherhood, and it is exacerbated by the lack of paid family leave[10] and the high cost of childcare.[11] The U.S. is one of only 2 countries in the world that lacks a national paid parental leave policy,[12] and 81% of U.S. workers lack access to formal paid parental leave.[13] The median price of center-based childcare for one infant ranges from $8,000 to $15,000 annually, almost 20% of median household income.[14]

Of course, none of this implies that women, men, and society don't benefit greatly from children. I am a mother of four, and for a time in my life I was the widowed single mother of preschool-

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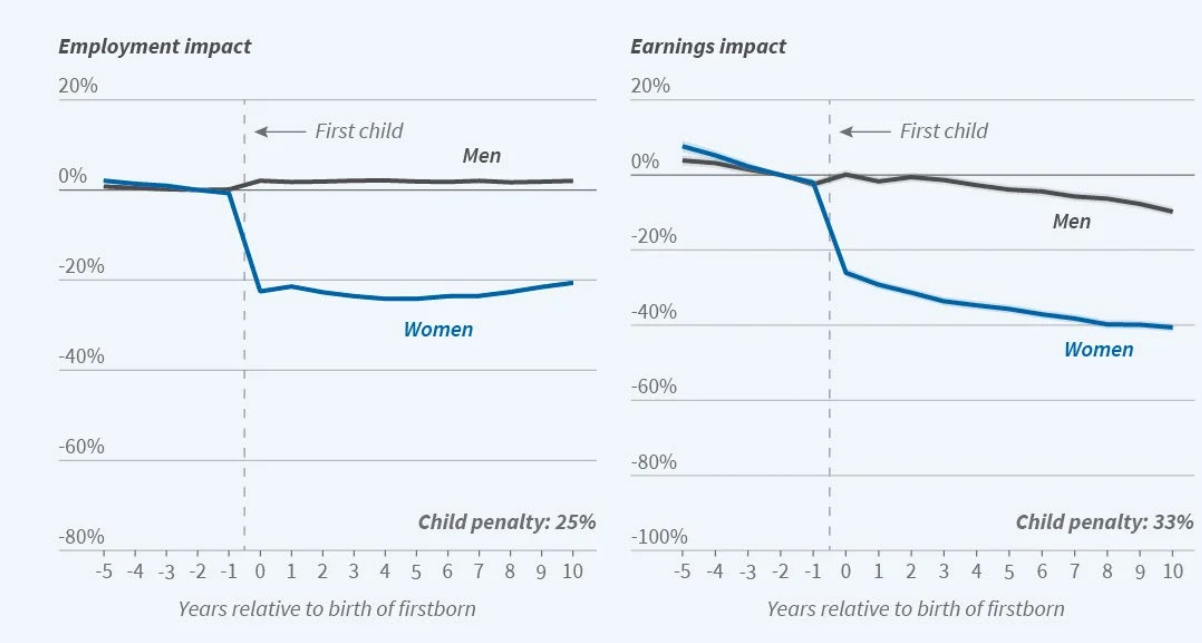
[4] Goldin, *supra* note 2.
[5] Goldin, *supra* note 2.
[6] Sawhill and Guyot. 2020. *Women's Work Boosts Middle-Class Incomes but Creates a Family Time Squeeze that Needs to be Eased*. Brookings Institute Report.
[7] Eileen Appelbaum et al. 2014. *The Economic Importance of Women's Rising Hours of Work*. CEPR Research report, p. 16.
[8] Henrik Kleven et al. 2019. "Child Penalties across Countries: Evidence and Explanations." *AEA Papers and Proceedings*, 109: 122-26; Henrick Kleven. 2022. *Child Penalties and Gender Inequality*. NBER Reporter.
[9] Claudia Goldin et al. 2022. "When the Kids Grow Up: Women's Employment and Earnings Across the Family Cycle." NBER Working Paper No. w30323.
[10] See, e.g.,Katherine Guyot et al. 2019. *A Primer on Access to and Use of Paid Family Leave*. Brookings Institution.; Elizabeth Doran et al. 2019. "Gender in the Labor Market: The Role of Equal Opportunity and Family-Friendly Policies." The Russell Sage Foundation Journal of the Social Sciences, 5(5): 168-197; Maya Rossin-Slater. 2018. "Maternity and Family Leave Policy." *The Oxford Handbook of Women and the Economy*. Susan Averett et al., eds.
[11] Liana Landivar et al. 2023. *Childcare Prices in Local Areas: Initial Findings from the National Database of Childcare Prices*. Women's Bureau Issue Brief. U.S. Department of Labor, Washington, DC.
[12] Maya Rossin-Slater. 2017. Maternity and Family Leave Policy. NBER WP 23069.
[13] Sawhill et al. 2019. *A primer on access to and use of paid family leave*. Brookings Research Report.
[14] Landivar et al, *supra* note 11.

Figure 1: Child Penalties in the U.S.



Source: Reproduced from Henrick Kleven. 2022. "Child Penalties and Gender Inequality." NBER Reporter.

aged children. I have no doubt motherhood reduced my own economic productivity. I also am sure it's entirely worth it for me, and a decision I would make again. But that's the point: the tradeoffs and decisions about whether and when to become a parent are inherently personal and closely tied to our economic lives. And even the best laid plans—of mice, men, and let us add women—can go awry.

Access to contraception and abortion significantly impacts women's ability to plan if and when to become a mother

The introduction of the birth control pill in 1960 followed by the legalization of abortion in the early 1970s went hand in hand with the epochal social and economic changes of the 1960s and 1970s.[15] We all know the maxim "correlation isn't necessarily causation." But in this case, it is. The evidence I'm sharing today uses carefully considered and evaluated natural experiments to credibly isolate and measure the causal effects of abortion policy. That evidence shows that reproductive autonomy was a key causal force driving women's advancement.

The legalization of abortion rewrote women's lives. It reduced teen motherhood by one-third and reduced teen marriages by one-fifth.[16] It reduced the maternal mortality of black women by 30 to

[15] See, e.g., Francine Blau and Anne Winkler. 2017. *The Economics of Women, Men, and Work*. 8th Edition. Oxford University Press.
[16] Caitlin Myers. 2017. "The Power of Abortion Policy." *The Journal of Political Economy* 125(6): 2178-2224.

50%.[17] It allowed women to complete their education and increase their earnings.[18] And in doing so, it improved the lives of children, reducing the number living in poverty and the numbers experiencing abuse or neglect.[19] As they grew into adulthood, these children themselves had higher rates of college graduation, lower rates of single parenthood, and were less likely to be poor.[20]

Reproductive autonomy remains salient to the lives of Americans today. Advances in contraceptive technology coupled with policies aimed at decreasing out-of-pocket costs for contraception—programs like Title X, Medicaid Family Planning Expansions, and the Affordable Care Act—have contributed to increased use of more effective contraceptive methods and declines in unintended pregnancies.[21] For instance, the Affordable Care Act's contraceptive mandate increased the use of Long-Acting Reversible Contraception (LARC) by 16% among privately insured women.[22]

While the ACA lowered the share of people with out-of-pocket spending for contraception and resulted in a shift towards more effective long-term methods, these gains have been uneven. States that have not expanded Medicaid continue to have large populations of young people who are uninsured; in five of these states—Florida, Georgia, Oklahoma, Mississippi, and Texas—more than a quarter of people aged 19-34 lack health insurance.[23] Title X remains an important safety net for low income people seeking contraception, but 19 million women who are eligible for publicly funded contraception live in "contraceptive deserts," counties where access to health

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[17] Sherajum Monira Farin et al. 2024. "The Impact of Legal Abortion on Maternal Mortality." *American Economic Journal: Economic Policy*. Forthcoming.

[18] Joshua Angrist and William Evans. 1999. "Schooling and Labor Market Consequences of the 1970 State Abortion Reforms." *Research in Labor Economics* 18: 75-113; David Kalist. 2004. "Abortion and Female Labor Force Participation: Evidence Prior to Roe v. Wade." *Journal of Labor Research* 25(503): 510 (2004); Ali Abboud. 2019. "The Impact of Early Fertility Shocks on Women's Fertility and Labor Market Outcomes." Working paper; Kelly Jones. 2021. "At a Crossroads: The Impact of Abortion Access on Future Economic Outcomes." Working paper. Jason Lindo et al. 2020. "Legal Access to Reproductive Control Technology, Women's Education, and Earnings Approaching Retirement." *American Economic Review*, 110: 231-235.

[19] Jonathan Gruber et al. 1999. "Abortion Legalization and Child Living Circumstances: Who is the `Marginal Child'?" *Quarterly Journal of Economics*, 114(1): 263-291; Marianne Bitler and Madeline Zavodny. 2002. "Child Abuse and Abortion Availability." *American Economic Review*, 92(2): 363-367; Marianne P. Bitler and Madeline Zavodny. 2004. "Child Maltreatment, Abortion Availability, and Economic Conditions." *Review of Economics of the Household*. 2: 119-141.

[20] Elizabeth Oltmans Ananat et al. 2009. "Abortion and Selection." *The Review of Economics and Statistics* 91(1): 124-136.

[21] See, e.g., Melissa Kearney and Phillip Levine. 2009. "Subsidized Contraception, Fertility, and Sexual Behavior." *The Review of Economics and Statistics* 91 (1): 137–151; Martha Bailey. 2012. "Reexamining the Impact of Family Planning Programs on US Fertility: Evidence from the War on Poverty and the Early Years of Title X." *American Economic Journal: Applied Economics* 4 (2): 62-97; Caroline Carlin et al. 2016. "Affordable Care Act's Mandate Eliminating Contraceptive Cost Sharing Influenced Choices of Women with Employer Coverage." *Health Affairs* 35(9): 1608–1615; Nora Becker. 2018. "The Impact of Insurance Coverage on Utilization of Prescription Contraceptives: Evidence from the Affordable Care Act." *Journal of Policy Analysis and Management* 37(3): 571–601; Erica Heisel et al. 2018. "Intrauterine Device Insertion Before and After Mandated Health Care Coverage: The Importance of Baseline Costs." *Obstetrics and Gynecology*, 131(5): 843–849; Vanessa Dalton et al. 2020. "Trends in Birth Rates After Elimination of Cost Sharing for Contraception by the Patient Protection and Affordable Care Act." *JAMA Network Open* 3(11): e2024398; Blair Darney et al. 2020. "Evaluation of Medicaid Expansion Under the Affordable Care Act and Contraceptive Care in US Community Health Centers." *JAMA Network Open* 3(6): e206874; Madeline Guth and Karen Diep. 2023. "What Does the Recent Literature Say About Medicaid Expansion? Impacts on Sexual and Reproductive Health." Kaiser Family Foundation Issue Brief, June 29, 2023.

[22] Becker, *supra* note 21.

[23] Douglas Conway. 2020. "Adults Age 26 Had Highest Uninsured Rate Among All Ages, Followed By 27-Year-Olds." U.S. Census Bureau Report, October 26, 2020.

centers offering the full range of contraceptives is limited.[24] Nearly 23% of low-income women using contraception reported that they would use a different method if cost were not an issue, while 39% of women not using contraception reported they would start using a method if cost were not an issue.[25]

Hence, while unintended pregnancies have sharply declined over the past 15 years, they also remain quite common.[26] More than 2 in 5 pregnancies are unintended, while among women under age 25, the number is more than half.[27] Abortion therefore remains common reproductive healthcare. Before Dobbs, nearly 1 million pregnancies ended in abortion each year. This represents about 20% of all estimated pregnancies.[28] At that rate, a quarter of women will obtain an abortion in their lifetime.[29]

At the time they seek abortions, women are often in precarious and vulnerable situations. Most are young mothers, and nearly three-quarters are low-income.[30] More than half report a recent disruptive life event like loss of a job or housing instability.[31] 84% have subprime credit scores.[32] The most frequent reasons women cite for seeking an abortion relate to their finances, aspirations, and ability to care for other children.[33]

The Turnaway Study reveals that denying these vulnerable families a wanted abortion leads to economic consequences. This study follows a large group of women seeking an abortion. Some arrived at the clinic just a little past the gestational age cutoff to obtain one and were turned away. Others were just under the cutoff and provided the abortion. Researchers linked individuals in the

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[24] Sarah Axelson et al. 2022. "Reproductive Well-Being: A Framework for Expanding Contraceptive Access." *American Journal of Public Health* 112(S5): S504–S507; Rebecca Kreitzer et al. 2021. "Affordable but Inaccessible? Contraception Deserts in the US States." *Journal of Health Politics Policy and Law* 46(2): 277-304; Power to Decide. 2024. Contraceptive Deserts. Website accessed February 22, 2022.

[25] Megan Kavanaugh et al. 2022. "Associations between unfulfilled contraceptive preferences due to cost and low-income patients' access to and experience of contraceptive care in the United States, 2015-2019." Contraception X 4.

[26] See. e.g., Kathryn Kost et al. 2023. "Pregnancies in the United States by Desire for Pregnancy: Estimates for 2009, 2011, 2013, and 2015." *Demography* 60(3): 837-863; Kasey Buckles et al. 2022. "The Great Recession's Baby-less Recovery: The Role of Unintended Births." *The Journal of Human Resources* 58(6); Laura Lindberg et al. 2016. "Understanding the Decline in Adolescent Fertility in the United States, 2007-2012." *Journal of Adolescent Health* 59(5): 577-583. Lawrence Finer and Mia Zolna. 2016. "Declines in Unintended Pregnancy in the United States." *The New England Journal of Medicine* 374(9):843-852.

[27] Lauren Rossen et al. 2023. "Updated methodology to estimate overall and unintended pregnancy rates in the United States." National Center for Health Statistics, Vital Health Stat 2(201); Kathryn Kost et al. 2023. "Pregnancies in the United States by Desire for Pregnancy: Estimates for 2009, 2011, 2013, and 2015." *Demography* 60(3): 837-863.

[28] Rachel Jones et al. 2022. "Abortion Incidence and Service Availability in the United States, 2020." *Perspectives on Sexual and Reproductive Health* 54(4): 128-141.

[29] Rachel Jones and Jenna Jerman. 2017. "Population group abortion rates and lifetime incidence of abortion: United States, 2008-2014." *American Journal of Public Health* 107(12): 1904-1909.

[30] Rachel Jones and Doris Chu. 2023. "Characteristics of abortion patients in protected and restricted states accessing clinic-based care 12 months prior to the elimination of the federal constitutional right to abortion in the United States." *Perspectives on Sexual and Reproductive Health* 55(2).

[31] Rachel Jones and Jenna Jerman. 2016. "Time to Appointment and Delays in Accessing Care Among U.S. Abortion Patients." Guttmacher Institute.

[32] Sarah Miller et al. 2023. "The Economic Consequences of Being Denied an Abortion." *American Economic Journal: Economic Policy*, 15 (1): 394-437.

[33] Antonia Biggs et al. 2013. "Understanding why women seek abortions in the US."

study to their Experian credit reports and observed that the two groups looked similar right up until this pivotal moment in their lives, at which point they diverged sharply. The group that was turned away from a wanted abortion experienced a 78% increase in past-due debt and an 81% increase in adverse credit events like evictions and bankruptcies relative to women who obtained the abortion they were seeking.[34]

Now with the Dobbs decision and ensuing abortion bans, many more women are faced with obstacles to obtaining abortions. At present 14 states are enforcing near-total abortion bans, impacting nearly a quarter of American women by increasing their travel distance to the nearest provider.[35] As illustrated in Figure 2, the average affected woman now faces a journey of more than 300 miles one-way.[36]

So long as abortion remains legal in some states, many people seeking abortions will continue to find a way, whether by traveling across state lines or by mail-ordering abortion medications from providers in states with shield laws or organizations operating outside the formal healthcare system. In fact, the most recent available evidence suggests that abortions in the United States have risen since the Dobbs decision.[37] Much of this rise is driven by innovations and expansions of telehealth services in states that have sought to protect abortion access since Dobbs.[38]

So far, what the Dobbs decision has done is not reduce total abortions, but instead dramatically expand inequality in abortion access. More residents of states that have expanded telehealth access to medication abortion are able to access abortion services than before even as residents of other states face decreased access due to abortion bans and other new restrictions such as North Carolina's 72-hour mandatory waiting period.[39]

Many people seeking abortions do "find a way" despite substantial obstacles, and many residents of ban states are driving hundreds of miles to reach facilities in states where abortion remains legal.[40] If any of my kids needed healthcare 300 miles away, I would have them there tomorrow. But not everyone is in such a privileged position. I grew up in Burnsville, West Virginia and LaGrange, Georgia, and I know many people for whom coming up with the money, childcare, and multiple days off work on short notice is just not possible.

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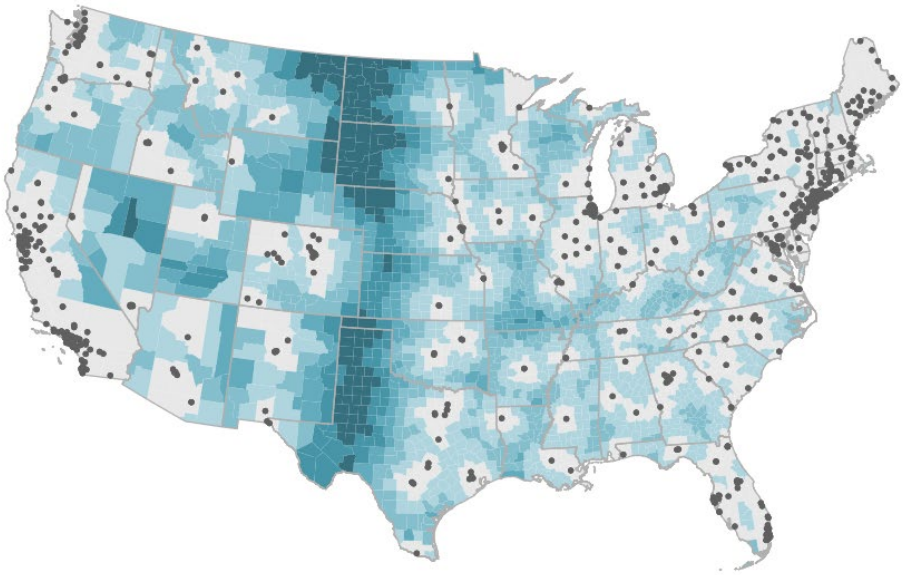
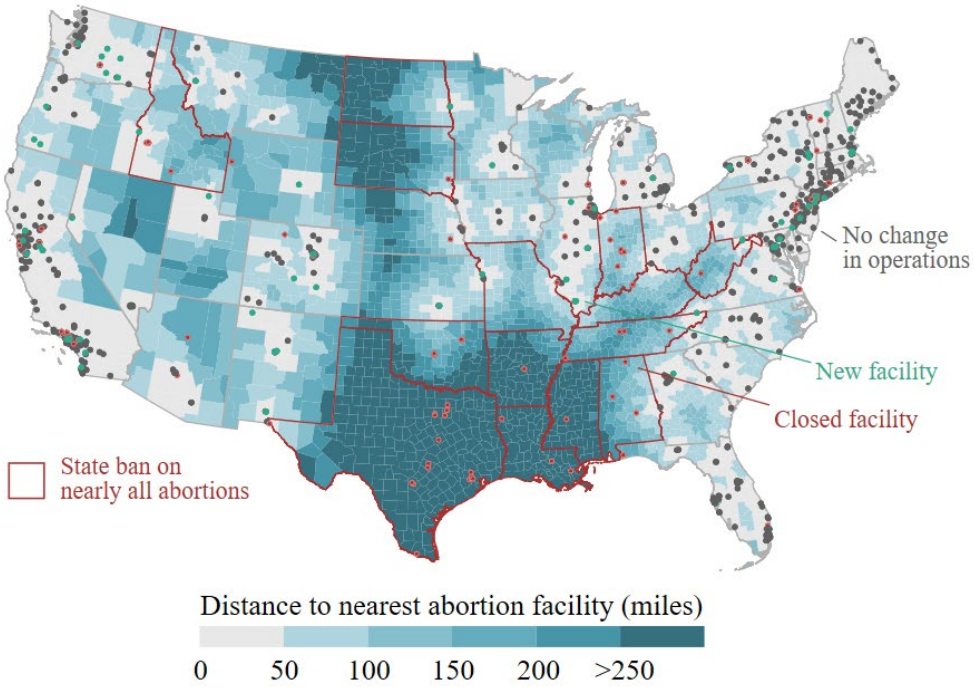
[34] Miller et al, *supra* note 32.
[35] Author's calculation based on Caitlin Myers et al. 2024. *The Abortion Access Dashboard*. Available at https://abortionaccessdashboard.org.
[36] Id.
[37] The Guttmacher Institute. 2024. *Monthly Abortion Provision Study*. Online Data accessed February 22, 2024. Society of Family Planning. 2023. *#WeCount Report* released October 24, 2023.
[38] The Society of Family Planning, *supra* note 37.
[39] Baden et al. 2023. "In the First Month After North Carolina's Latest Abortion Restrictions, Facility-Based Abortions Dropped by 31%." Guttmacher Institute Policy Analysis, October 2023.
[40] The Society of Family Planning, *supra* note 36.

Figure 2. Effect of post-Dobbs abortion bans on abortion facility locations and distances

Panel A. May 1, 2022



Panel B. January 1, 2024



Source: Reproduced from Caitlin Myers. 2023. "Forecasts for a post-Roe America: The effects of increased travel distance on abortions and births." *Journal of Policy Analysis and Management* 43(1): 39-62. Current travel distances were updated by the author for this testimony.

But you don't need to rely on anecdotes. Multiple studies by independent research teams have measured the causal effects of distance on people seeking abortions.[41] The results of these studies all agree, and unequivocally show that distance can be a substantial barrier to people seeking abortions. For instance, two-trip mandatory waiting periods requiring people seeking abortions to travel to a provider twice significantly delay some people seeking abortions—increasing second trimester abortions by 19%—while preventing others from accessing abortion services altogether, reducing abortions by 9% and increasing births by 2%.[42] Moreover, these effects are not likely due to women reconsidering their decision, but instead experiencing distance as a substantial or insurmountable obstacle. The effects are largest for women who live in economically depressed and/or rural areas far from providers.[43]

Other studies directly isolate and measure the effects of distance by exploiting natural experiments arising from sudden clinic closures. These also reach very similar conclusions pointing to the salience of travel distance on people seeking abortions. For instance, as illustrated in Figure 3, my most recent study of the effects of distance shows that an increase in distance from 0 miles to 100 miles reduces abortions by 19% and increases births by 2%.[44]

Based on this responsiveness, I estimated before Dobbs that approximately a quarter of residents of ban states would be unable to reach an abortion facility due to increased distance.[45] Moreover, this does not take into account additional obstacles created by congestion at facilities in non-ban states that are on the front lines to receive an influx of new patients. My research team conducts quarterly surveys of appointment availability at all abortion facilities, and we observed that many key destination facilities had limited capacity in the months after Dobbs. For instance, in December of 2022 only 1 of the 5 abortion facilities then operating in Kansas could offer an appointment; the other 4 had no appointment slots available at all.[46]

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[41] Stefanie Fischer et al. 2018. "The impacts of reduced access to abortion and family planning services on abortions, births, and contraceptive purchases." *Journal of Public Economics* 167: 43–68; Jason Lindo, et al. "How Far Is Too Far? New Evidence on Abortion Clinic Closures, Access, and Abortions." *Journal of Human Resources* 55(4): 1137-1160; Joanna Venator and Jason Fletcher. 202. "Undue burden beyond Texas: An analysis of abortion clinic closures, births, and abortions in Wisconsin." *Journal of Policy Analysis and Management* 40(3), 774–813; Caitlin Myers. 2024. "Forecasts for a post-Roe America: The effects of increased travel distance on abortions and births." *The Journal of Policy Analysis and Management* 43(1): 39-62.

[42] Caitlin Myers. 2021. "Cooling off or Burdened? The Effects of Mandatory Waiting Periods on Abortions and Births." IZA DP 14434. Also see Theodore Joyce et al. 1997. "The Impact of Mississippi's Mandatory Delay Law on Abortions and Births." *JAMA* 278(8); Theodore Joyce and Robert Kaestner. 2000. "The Impact of Mississippi's Mandatory Delay Law on the Timing of Abortion." *Family Planning Perspectives* 32(1): 5–13; Jason Lindo and Mayra Pineda-Torres. 2021. "New Evidence on the Effects of Mandatory Waiting Periods for Abortion." *Journal of Health Economics* 80.

[43] Myers, *supra* note 42.

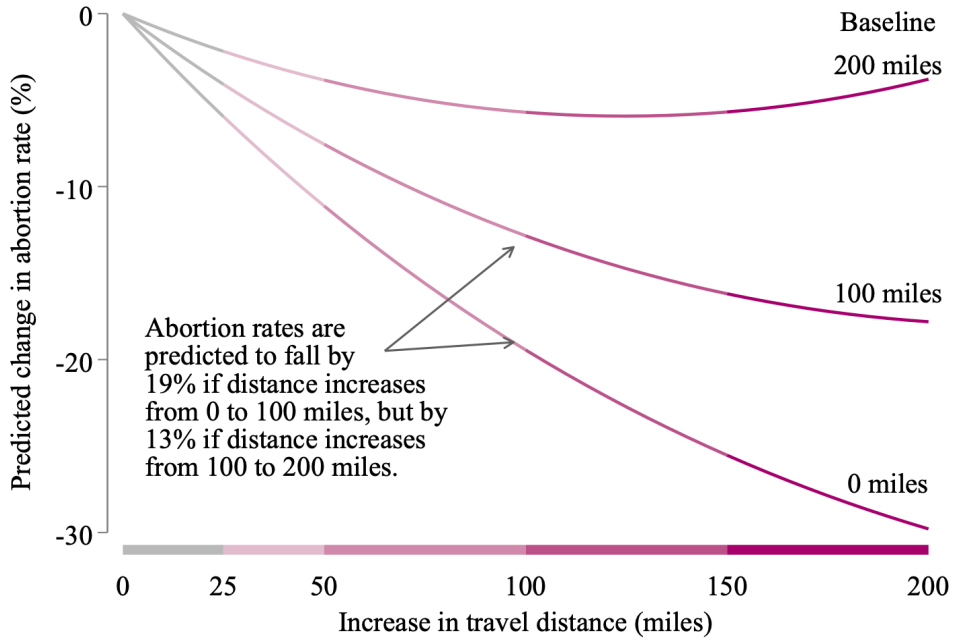
[44] Caitlin Myers. 2023. "Forecasts for a post-Roe America: The effects of increased travel distance on abortions and births." Journal of Policy Analysis and Management 43(1): 39-62.

[45] *Id.*

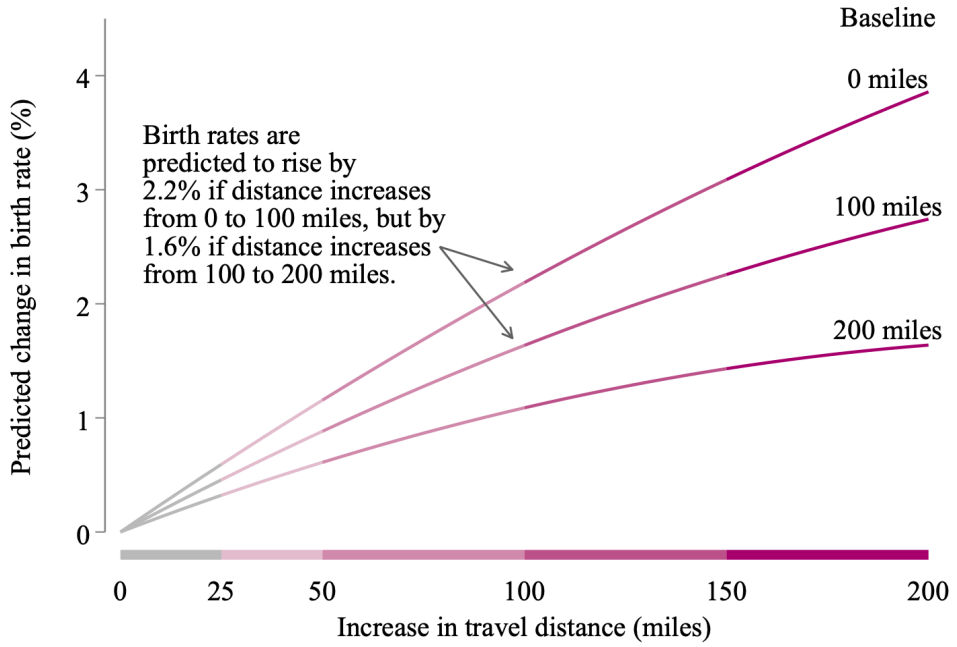
[46] Caitlin Myers' calculations using data from https://abortionaccessdashboard.org.

Figure 3. Effect of distance to nearest abortion facility on abortion and birth rates

Panel A. Effect of distance on abortions



Panel B. Effect of distance on births



Source: Reproduced from Caitlin Myers. 2024. "Forecasts for a post-Roe America: The effects of increased travel distance on abortions and births." *Journal of Policy Analysis and Management* 43(1): 39-62

We are now receiving the very first data to allow us to test the effect of Dobbs. The initial results are in keeping with forecasts and suggest that in the first 6 months following Dobbs, roughly three-quarters of residents of ban states found ways to access abortion, while a remaining one-quarter did not.[47] The result is an estimated 30,000 annualized additional births that would not have occurred in the absence of those bans.[48] Based on what we know about the circumstances of people seeking abortions, these children were likely born into some of the poorest and most economically fragile families, many of which contain other children as well.

Restrictions on mifepristone, one of the two drugs in the FDA-approved medication abortion regimen, could also severely limit abortion access. Prior to Dobbs, more than half of all abortions in the United States were medication abortions.[49] While we do not yet have a post-Dobbs count of medication abortions, given the increasing role telehealth plays in post-Dobbs abortion provision the proportion of medication abortions has almost certainly grown. In the 12 months after Dobbs, telehealth abortions provided by virtual facilities grew by 72%.[50] If mifepristone access were meaningfully restricted, it would not only impact telehealth provision, but also provision of abortion at brick-and-mortar abortion facilities, 40% of which only provide medication abortions.[51] Among the remaining 60% of facilities, almost all of which provide both medication and procedural abortions, appointment availability would likely be substantially reduced if mifepristone were not available. The impacts would extend into and potentially be largest in many states that have sought to protect abortion access. As shown in Figure 4, states that stand to lose the largest proportion of their facilities include Maine (86%), California (60%), Connecticut (56%), Washington (51%), Vermont (50%), New Jersey (46%), and Oregon (46%), all states considered supportive of abortion rights. Restrictions on mifepristone that reduced or eliminated direct-to-patient telehealth provision of medication abortion and/or provision by brick-and-mortar facilities could cause even greater effects on abortion access than Dobbs.

Conclusion

Right now, the Dobbs story is an inequality story, not a macro-level shock story. But depending on future policies, this could change. If abortion access were further restricted—for instance, if access to mifepristone were restricted or Congress were to enact a national ban—then we would likely see larger reductions in abortions and increases in unintended births.

Reproductive autonomy is inextricably linked to economic opportunity. However one feels about the ethics of making contraception and abortion accessible, there is no denying that reproductive policies impact the economic lives of women and their families.

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[47] Daniel Dench et al. 2023. "The Effects of the Dobbs Decision on Fertility." IZA DP No. 16608.
[48] Dench et al., *supra* note 41.
[49] Caitlin Myers et al. 2024. "What if Medication Abortion Were Banned?" *The Abortion Access Dashboard*.
[50] The Society of Family Planning, *supra* note 36.
[51] Myers et al., *supra* note 49.